

quantities have helped raise United States consumption to all-time high levels, according to the Milk Industry Foundation.

Never in the history of the country has there been such a tremendous flow of milk from American farms to so many people. With milk production on farms around four billion quarts a year higher than before the war, the supply cannot keep up with the demand.

"Milk is our most widely used food," the Foundation says, "and the largest single source of cash farm income. Cash from milk is larger than cattle or hogs, over twice cotton income, wheat or eggs and four times tobacco. Farm income from milk for 1945 is expected to exceed three billion dollars when final figures are compiled.

"Milk and its products comprise more than 25 per cent of the foods estimated to be consumed annually by the average American. Consumers use more than 50 million quarts of fresh milk and cream a day," the Foundation says in its annual statistical review of the industry.

"New methods of distribution efficiency developed during the war are popular and surveys show that the every-other-day distribution plan and other economies save consumers one cent or more per quart. The government's farm subsidy makes possible an additional saving to consumers averaging around 1½ cents a quart."

MILESTONES OF MILK HISTORY Of Interest to Certified Milk Commissions

- 1611 Cows arrive for Jamestown Colony.
- 1624 Cows reach Plymouth Colony.
- 1841 First regular shipment of milk by rail—Orange County to New York City.
- 1856 Pasteur experiments start.
- 1878 Continuous centrifugal cream separator invented by Dr. Gustav De Laval.
- 1884 Milk bottle invented by Dr. Hervey D. Thatcher, Potsdam, N. Y.
- 1886 Automatic bottle filler and capper patented.
- 1890 Tuberculin testing of dairy herds introduced. Dr. S. M. Babcock perfects test for fat content of milk and cream.
- 1892 Certified milk originated by Dr. Henry L. Coit in Essex County, N. J.
- 1893 Nathan Straus depots for pasteurized milk open in New York City.
- 1895 Pasteurizing machines introduced.
- 1906 Paper single-service container patented.
- 1908 First compulsory pasteurization law (Chicago) applying to all milk except that from tuberculin tested cows.
- 1911 Automatic rotary bottle filler and capper perfected.
- 1914 Tank trucks used for transporting milk.
- 1924 Insulated milk tank cars introduced.
- 1932 Methods of increasing Vitamin D in milk made practicable.
- 1933 Fluid milk included in Army ration.
- 1938 Textiles made from milk casein.
- 1942 Wartime milk conservation program inaugurated.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

What Is Adequate Medical Care?

In a recent address, Dr. Roger I. Lee of Boston, President of the American Medical Association, said: "There have been many clarion shouts that medical care in the United States is inadequate . . . But as far as I know no one has attempted to redefine adequate medical care. . . .

"In 1936 untrained investigators asked people in a house to house survey if they had adequate medical care. If the people said 'No,' they were recorded as having inadequate medical care. Resulting records were broadcast all over the land and were described as indicative of a melancholy state of inadequacy of medical care and of callous neglect by the medical profession.

"More recently there have been highly colored statements regarding the large percentage of rejections for physical defects in connection with the operation of the Selective Service Act. The figures call for careful examination and considered action. Many of the defects have no relation to medical care, adequate or inadequate.

Nature does not uniformly produce perfect fruit, be it babies, puppies, calves or apples. If children are very near sighted or astigmatic, adequate medical care demands glasses for the correction; but the Army or the Navy decides whether or not it wants such an individual. . . ."

Dr. Lee points out that the rapid advancement in medical science makes what might be considered adequate medical care today completely out of date and inadequate a year hence. For example, sulfa drugs, penicillin, modern obstetrics and countless other medical developments have made what some might claim adequate or inadequate medical care in 1936 wholly out of date. Furthermore, it is altogether probable that the average individual would be incompetent to state whether or not he had adequate medical care, due to his lack of knowledge of medical progress.

With so much ignorance on such an important subject, it is easy for politically minded reformers to propose plans for socialized medicine which are appealing in their unconscious misrepresentation to an uninformed public.—*Mojave Desert News*, January 17.

U. S. Medical Gains

Chicago, February 14.—(AP.)—Dr. Morris Fishbein, editor of the *Journal of the American Medical Association*, declared today American medicine had gone "far beyond" President Truman's recommendations on medical care.

In an address prepared for delivery to the eighty-first annual mid-winter meeting of the Chicago Dental Society, Fishbein listed Truman's health recommendations, and said:

"We have, in fact gone far beyond these recommendations in urging a minimum standard of nutrition, housing, clothing, and recreation as fundamental to good health in any health program."

He added the procedures established for advice to pregnant women and for childbirth care "should be made available to every woman at a price she can afford to pay.

"We have favored suitable hospitalization and medical care for veterans:

"We urge extended, coördinated and intensified research for the advancement of medical science;

"We urge a program of health education with the widest possible dissemination of information regarding the prevention and treatment of disease."

Fishbein said, "all these proposals are extensions of services now being rendered on a somewhat limited scale since they are not equally available in all parts of the United States," and reported the A.M.A. is preparing a health insurance plan "consistent with the principles of the American plan of government."—*Fresno Call-Bee*, February 14.

Vivisection Called Painless

Chicago.—(AP.)—More pain is inflicted on animals "in one hunting, trapping and fishing season than in all the centuries of animal experimentation," an eminent physiologist declared yesterday. Dr. Anton J. Carlson, University of Chicago distinguished service professor emeritus and temporary chairman of the organizing board of directors of the National Commission for the Protection of Medical Science, said in an address prepared for delivery to the 42nd annual Congress on Medical Education and Licensure "the horrors which anti-vivisectionists portray simply do not exist."

"Much of the 'suffering' alleged in anti-vivisection literature is imaginary," he declared. "Certainly it cannot be immoral to use animals humanely to mitigate human suffering due to disease, as long as we believe animals may be sacrificed for human food and clothing.

"If man is not worth more than the dog, then our efforts to improve man are an error."

Dr. Carlson said many experiments performed on animals result in the mitigation of diseases in man and animals.

"Our efforts toward prevention and control of infantile paralysis would be hopeless, except for the use of some species of monkeys and rodents in detecting and following the polio virus," he said. "And yet, the Anti-Vivisection League of Los Angeles publicly proclaims that 'it does not support the March of Dimes Campaign.'

"When animals under anesthesia are used in medical teaching, they are not allowed to come out of the anesthetic," he added. "Death by anesthesia is certainly not painful."

In another prepared address, Dr. Paul Titus of Pittsburgh, said the two "most pressing" problems of specialized medicine now are "the heavy demands for resis-

dency and other training, and the efforts of hospitals to satisfy these demands."—*Sacramento Union*, February 12.

Anesthetics Used in Vivisection

Washington, February 14.—Let those circles which have been agitated over vivisection of dogs take heed—the operations are performed under anesthesia.

A dog in an operating room for experimental purposes receives scientific pain prevention equal to that given a human who comes under the surgical blade.

That goes for cats, too.

A widespread absence of this information has caused dismay among some people who have been reading gruesome accounts of vivisection.

Take it from the Army and from the Friends of Medical Research, New York Academy of Medicine.

Said the Army: "No research capable of inflicting pain or suffering may be undertaken unless the animals are suitably anesthetized, or other steps have been taken to prevent suffering."

Army research is conducted in connection with recognized medical centers. Rules and regulations of the centers govern the Army researchers.

Says the Friends of Medical Research: "There is always anesthesia in an operation on a living creature. The technique for operating on animals is the same as that of operating on people. This applies even to masking every person in the operating room.

"Doctors study dogs to learn about human beings. If conclusions are to be accurate, doctors must provide the same conditions for dogs as they would for persons.

"The law now safeguards all animals used in research. A laboratory dog is prepared for an operation with the care accorded a human being."—*San Francisco News*, February 14.

Forum For Doctors Back From War

"The Economics of Postwar Medical Practice" will be discussed at an open forum for physician veterans, under auspices of the San Francisco Physicians' Forum, Monday at 8 p.m. at Mount Zion Hospital Nurses' Auditorium, 2345 Sutter St.

Major Frank F. Furstenberg will be moderator. The panel of physician veterans will be Drs. Cabot Brown, Garnett Cheney and Roy Cohn.

Topics under discussion will include group practices, settling in rural areas in California, hospital insurance, and health insurance. All physicians are invited to attend. —*San Francisco News*, January 25.

Former Stirling City Physician, 95, Plans to Resume Practice

Stirling City (Butte County, California.)—January 24. —Dr. A. L. Derbyshire, 95, a resident here for many years, has informed local friends he has returned to San Diego from a hospital in Daly City and expects to resume his practice soon.

Dr. Derbyshire will observe his ninety-sixth birthday on Memorial Day. While here he was physician for the Diamond Match Company. —*Sacramento Bee*, January 24.

California "Physicians and Surgeons' Licenses"

Formulating plans for a comprehensive educational program to acquaint the public with the necessity of reading carefully any health insurance or sickness benefit policy before signing it, osteopathic physicians and surgeons from Kern, Tulare and Fresno counties met in Bakersfield February 3, at the Bakersfield Inn. . . .

Following statement was issued:

Many persons are not aware that in California the physician and surgeon certificate is issued as well to doctors of osteopathy (D. O.) as to doctors of medicine (M. D.). Doctors holding the M. D. degree may be graduates of an allopathic, electric or homeopathic school of medicine. Doctors holding the D. O. degree are graduates of an osteopathic school of medicine. The broadest license, entitling the holder to use any and all methods, including medicine and surgery, in the treatment of disease, injuries and deformities, is the physician and surgeon certificate, issued under the provisions of the Business and Professions Code of the State of California. Graduates of any of the above schools who comply with the educational requirements of the Business and Professions Code are eligible to take the examination for the physician and surgeon certificate.—*Bakersfield Californian*, February 4.

MEDICAL JURISPRUDENCE†

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Malpractice: Sufficiency of Evidence; Degree of Skill Required of a Surgeon

A recent case decided by the Supreme Court of the State of Washington may be of interest to members of the medical profession because it involved a detailed consideration of the medical procedures and surgical techniques which were employed during an operation, in order to determine whether or not the operating surgeon had been negligent. The surgeon was absolved of any liability.

In *Fritz v. Horsfall*, 163 Pac. (2d) 148; November 1, 1945, the Washington Supreme Court was presented with the following situation. Mr. F. had contacted Dr. H. in 1943, at which time he complained of heartburn. Dr. H. took x-ray pictures of Mr. F. and advised an operation to remove the appendix and gall bladder. The operation was performed on March 9, 1943, after which the patient remained in the hospital until March 30, at which time he returned to his home in the care of a nurse. While at home the wound discharged bile and at one time during the first part of May, a piece of gauze was pulled from the wound by the patient's mother. The wound continued to discharge until the month of July. During that period of time, the patient suffered from fever and chills, and also coughed and vomited blood and bile.

Dr. H. continued to treat the patient and opened the wound on several occasions, after which the patient stated that he felt better. Thereafter until December 3, 1943, Mr. F. was continuously treated by Dr. H. and returned to the hospital in August for a second operation. During this period Mr. F. was in constant ill health suffering from chill, fever, coughing and great pain when the wound broke open and emitted a quantity of bile and blood. During a conversation with the patient the doctor stated, in speaking of other doctors: "They told me I made a slip"; and then said: "Now, listen, you know that any man can make a slip, but I know I didn't."

On December 3, 1943, Mr. F. traveled to the Mayo Clinic at Rochester, Minnesota, where an operation was performed on him about the middle of December by a member of the staff. A post operation was performed and he was discharged on January 19, 1944, and returned to his home in Seattle. Thereafter Mr. F. made a total of three trips to the Mayo Clinic but continued to suffer constantly from jaundice, fever, chills and infection.

After his return from his last trip to the Mayo Clinic, Mr. F. had a conversation with Dr. H. in which he told the doctor that he had been compelled to go to the Mayo Clinic which cost him "considerable money," and that he felt that Dr. H. would help him; that the doctor replied, "I fully agree with you." Later, when Mr. F. called the doctor, Mr. F. was told that he (the doctor) had done nothing wrong.

Succinctly stated, the foregoing facts formed the background for the malpractice suit which Mr. F. filed against Dr. H. The basis of the suit being, in substance, that Dr. H. had not cured Mr. F. and therefore should be liable for negligence in treating and operating upon Mr. F.

Dr. H.'s testimony is reproduced in the opinion in full, and indicates that he was examined and cross-examined

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions, and analyses of legal points and procedures of interest to the profession.